

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012196

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 46

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

3

4 1

5 2

6

7 0

8 2

9 491X

10

11

12 - 0

13 - 0

USE BLACK INK

OR  
TYPEWRITER RIBBON

FILED APR 1 1963

1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN WarrensburgLength of stay in 1b  
2 wks.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Warrensburg Medical  
Center, Inc.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Johnson

c. CITY OR TOWN Warrensburg

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
134 E. Gay StreetReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Elizabeth Anna Bethel4. DATE OF DEATH Month Day Year  
March 22. 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5/29/71

9. AGE (last birthday)

91

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife10b. KIND OF BUSINESS OR INDUSTRY  
Own home11. BIRTHPLACE (City and state or country)  
Knob Noster, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Cyrus A. Conner

13b. MOTHER'S MAIDEN NAME

Mary Hess

14. NAME OF HUSBAND OR WIFE  
Deceased  
Walter Lee Bethel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Robert Brockman, Warrensburg, Mo

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchopneumonia, bilat.

INTERVAL BETWEEN ONSET AND DEATH

3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

Fractured Pelvis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory; street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-8

to 22 March 63

and last saw her alive on 22 March 63

Death occurred at

3:50 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Warrensburg, Missouri

22c. DATE SIGNED

3/24/ 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/24/1963

23c. NAME OF CEMETERY OR CREMATORY

Sunset Hill Cemetery

23d. LOCATION (City, town, or county)

Warrensburg, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips, Warrensburg, Mo

25. DATE RECD. BY LOCAL REG.

Mar 24 1963

26. REGISTRAR'S SIGNATURE

Savannah Chutefield

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Hoster, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.